

**U.S. DEPARTMENT OF ENERGY
2005 National Science Bowl®**

Student Confidential Medical Information and Emergency Notification Form
(Please fill out the entire 2-page form)

Name _____ Birth Date _____ Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____ SSN _____

Date of Last Tetanus Shot: _____

Yes	No		If Yes, explain
___	___	Allergies	_____ _____
___	___	Surgeries	_____ _____
___	___	Food Allergies	_____ _____
___	___	Vegetarian	_____ _____
___	___	Physical Needs	_____ _____
___	___	Visual Limitations	_____ _____
___	___	Prescribed Medications	_____ _____
___	___	Over-the-Counter Medications	_____ _____
___	___	Recent Illness	_____ _____

NAME: _____

CONTACT INFORMATION

<u>Primary</u>	<u>Contact</u>	<u>Secondary</u>
_____	Name	_____
()	Phone	()
()	Cell Phone	()
_____	Relationship	_____

HEALTH INSURANCE

<u>Physician</u>	<u>Contact</u>	<u>Insurance</u>
_____	Name	_____
()	Phone	()
_____	Policy #	_____

CONSENT TO MEDICAL CARE AND TREATMENT

(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

Signature of Parent or Legal Guardian _____

Date _____

NO FAX COPIES